CITY OF RAVENNA COMMUNITY REINVESTMENT AREA APPLICATION

| . a | n. Name of pr number (att | ontact person, and icipants). | telephon | | | | | | |
|-----|--|------------------------------------|----------|----------------|---------------------|-------------|--|--|--|
| | Enterprise Name | | | Contact Person | | | | | |
| | Addres | SS | | Telephone Num | ber | | | | |
| b | o. Project site: | | | | | | | | |
| | Project | Name | | Contact Person | | | | | |
| | Addres | SS | | Telephone Num | ıber | | | | |
| | | mmercial/indus ner) to be condu | - | ` | arehousing, wholesa | ale or reta | | | |
| b | b. List primary 6 digit North American Industry Classification System (NAIC | | | | | | | | |
| | | may | | | relevant | SIG | | | |
| c | c. If a consolidation, what are the components of the consolidation? (mu location, assets, and employment positions to be transferred: | | | | | | | | |

| d. | Form of business of enterprise (corporation, partnership, proprietorship, or other). | | |
|---|---|--|--|
| Name of principal owner(s) or officers of the business. | | | |
| a. \ | State the enterprise's current employment level at the proposed project site: | | |
| | Will the project involve the relocation of employment positions or assets from one Ohio location to another? Yes No | | |
| c. l | If yes, state the locations from which employment positions or assets will be relocated and location to where the employment positions or assets will be located: | | |
| d . | State the enterprise's current employment level in Ohio (itemized for full and part-time and permanent and temporary employees): | | |
| | State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets: | | |
| | What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated? | | |
| Do | es the Property Owner owe: | | |
| a. | Any delinquent taxes to the State of Ohio or a political subdivision of the state? Yes No | | |

| | b. Any moneys to the State or a state agency for the administration or enforcement of any environmental laws of the State? Yes No | | | | | |
|-----------|--|--|--|--|--|--|
| | c. Any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No | | | | | |
| 6. | d. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets). Project Description: | | | | | |
| | | | | | | |
| 7. | Project will begin, 20 and be completed, 20 provided a tax exemption is provided. | | | | | |
| 8. | a. Estimate the number of new employees the property owner will cause to be created at the facility that is the project site (job creation projection must be itemized by the name of the employer, full and part-time and permanent and temporary): | | | | | |
| | | | | | | |
| | b. State the time frame of this projected hiring: yrs. | | | | | |
| | | | | | | |
| 9. | c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees): a. Estimate the amount of annual payroll such new employees will add \$ | | | | | |
| 9. | c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees): a. Estimate the amount of annual payroll such new employees will add \$ | | | | | |
| 9. 10. | c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees): a. Estimate the amount of annual payroll such new employees will add \$ | | | | | |

| | C. Improvements to Existing buildings: D. Machinery & Equipment: E. Furniture & Fixtures: F. Inventory: Total New Project Investment: | \$ | | | | | |
|------------|--|--|--|--|--|--|--|
| 11. | a. Business requests the following tax exemption incentives: % for years covering \$ of real property as described above. Be specific as to the rate, and term. | | | | | | |
| | b. Business's reasons for requesting tax incentive | es (be quantitatively specific as possible) | | | | | |
| 12. to the | shall submit the requestion of Ravenna with the application. | uired application fee of \$500 made payable | | | | | |
| 13. | shall pay an annual fee of \$500.00 . The fee is to be paid to the City of Ravenna once per year for each year the agreement is in effect or required to the reviewed. Invoices will be mailed out by The City of Ravenna once per year following the annual monitoring which concludes March 31st. The fee shall be used exclusively for the purpose of complying with section 3735.672 of the Ohio Revised Code and by the fax Incentive Review council created under section 5709.85 of the revised code exclusively for the purpose of performing the duties prescribed under that section. In the event fees are waived or reduced, such waiver or reduction does not affect the obligations of the recipient of the tax exemption to comply with the required annual compliance exporting as set for by the City of Ravenna. | | | | | | |
| 14. | Submission of this application expressly authoric contact the Ohio Environmental Protection Agenthis application including item # 5 and to review a this application, the property owner may also be Department of Taxation, or complete a waiver for | applicable confidential records. As part of required to directly request from the Ohio | | | | | |
| The A | release specific tax records to the local jurisdiction | | | | | | |

The Applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C) (1) and 2921.13(D) (1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefits as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

| Name of Property Owner | Date | | |
|------------------------|-------------------------|--|--|
| | | | |
| Signature | Typed Name and Title | | |
| Signature | Typed Ivallie and Title | | |

Please note that copies of this proposal <u>must</u> be included in the finalized Community Reinvestment Area Agreement and be forwarded to the Ohio Department of Taxation and the Ohio Development Services Agency within fifteen (15) days of final approval.

FORM: RVCRA1

^{*} A copy of this proposal must be forwarded by the local governments to the affected Board of Education along with notice of the meeting date on which the local government will review the proposal. Notice must be given a minimum of fourteen (14) days prior to the scheduled meeting to permit the Board of Education to appear and/or comment before the legislative authorities considering the request.

^{**} Attach to Final Community Reinvestment Area Agreement as Exhibit A